** U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT Office of Management and Budget No. 1215-0188

Expires: 11-30-2002

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory u					tion, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.	
	READ THE II	NSTRUCTIO	ONS CAREFULL	BEFORE PREPAR	ING THIS REPORT.	
For Official Use Only 1.	FILE NUMBER	2. PERIOD	COVERED DAY	YEAR	 (a) AMENDED — If this is an amended report correcting a previously filed report, check here: 	
(SP282001)	013-246	From	07 01	2000	(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:):
Gras DROP		Through	<u> </u>	2001	(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:	
			8. MAILING AL	DRESS (Type or pri	int in capital letters.)	
TIM WELLS	(3) 013	3-246	First Name			
CARPENTERS AFL-CIO	(0) 01.	510	}			
LU 1620		0.40				
P O BOX 1807		•	Last Name			
ROCK SPRINGS, WY 82901	. 6,	/2001]			
• =====			P.O. Box • Build	ing and Room Numb	per (if any)	

			Number and St	reet		
4. AFFILIATION OR ORGANIZATION NAMI						ł
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION	NI MADED	City			
C. Dictoration (Local, Lodge, etc.)	O. DEGIGIVATION	NOMBER	_			
7. UNIT NAME (if any)	<u> </u>	-				
9. Are your organization's records kept at its	mailing address?		State Zii	Code + 4		
(If "No," provide address in Item 56.)	Yes	No X		·	_	į
56. ADDITIONAL INFORMATION (If more s	pace is needed, attach addition	nal pages pi	roperly identified)		
Item Number 128 W	illow Stre	et	Roc	K Spri	ngs, wyoming 82901	
24 The Was	ges Paid -	to	Waun	Prim	e relates to services - as an officer.	ĺ
,	A COURT			_ , , , , , ,	- related to dervices	
they towns	d av an	上から	structo	or, not	- as an officer	
1				·		
Each of the undersigned (duly authorized office	ore of the above labor area sizetic	a dooloses	doo.bb.o.olioo	M		
in any accompanying documents) has been e	yamined by the signatory and is	, to the best	of the undersigned	uie penaities of law, t d's knowledge and b	hat all of the information submitted in this report (including the information con elief, true, correct, and complete. (See Section VI on penalties in the instruct	tained
57. SIGNED: / / / / / /	rindl			B. SIGNED: ゴム	n /	
00 120101 120	7 1 222 - 112	(If oth	ner title,		a Vare a Brysne TREASURE (If other title),
08 20 01 30	1 382 2484	see ii	nstructions.)	<u> </u>	10/ (307) 38) - 2484 see instruct	tions.)
Date	Telephone Number	<u>-</u>		Date	Telephone Number	

		+
		FILE NUMBER: 0 / 3 - 246
During the Reporting Period Did Your Organization: 10. Have a "subsidiary organization" as defined in	Yes No	19. How many members did your organization have at the end of the reporting period?
Section X of the instructions?	×	20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?
12. Have a political action committee (PAC) fund?	X	21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than
Acquire or dispose of any goods or property in any manner other than by purchase or sale?	X	rates of dues and fees) or in practices/ procedures listed in the instructions?
Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X	attach two new dated copies. If practices/ procedures have changed, see the instructions.) 22. What is the date of your organization's
15. Discover any loss or shortage of funds or other property?	X	next regular election of officers? 23. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more
Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?	×	than one rate applies for any line.) Rates of Dues and Fees
17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?	X	(a) Regular Dues/Fees \$ 6/20 per
18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?	\checkmark	(c) Transfer Fees \$ A / A
(If the answer to any of the above questions is "Yes," provide in Item 56 on page 1 as explained in the instructions for each	details h item.)	(d) Work Permits \$ per

24. ALL OFFICERS AND DISBURSEMENTS
TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 013-246

(A) Name	(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and	Allowances and Other	
	any recently or only or only or only	Status	other deductions)	Disbursements	Total
(B) Title	(Enter title of officer, such as PRESIDENT or TREASURER.)	(C)*	(D)	(E)	(F)
Last Nam	e First Name				
1.					
Title		Status			ļ
Last Name	e First Name				
2.					
Title		Status			
Last Name	e First Name				
3.					
Title		Status			
Last Name	e First Name				
4.					
Title		Status			
Last Name	e First Name				
5.					
Tite		Status			
Last Name	e First Name				
6.					
Title		Status			
Last Name	e First Name				
7.					
Title		Status			
8. Totals	from additional pages (if any)				
9. Totals	of Lines 1 through 8				
				10. Less Deductions	
Enter	the Total from Line 11 in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Item 45 ⊏>	11. Net Disbursements	
*Code for S	Status (C): past officer — P; continuing officer — C; new officer of	during the report	rting period — N. (If any	y officer was not elected at a regu organization's constitution and bylaws	lar election in accordance with s, explain in Item 56 on page 1.)

Form LM-3 (Revised 2000)

3 - 3

Page 3 of 4

FILE NUMBER: 073-246

	ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
TIES	25. Cash	18292	37501	32. Accounts Payable		
∢≝	26. Loans Receivable			33. Loans Payable		
STATEMENT TS AND LIAE	27. U.S. Treasury Securi	ies		34. Mortgages Payable		
ATEM	28. Investments	<u> </u>		35. Other Liabilities		
SSETS	29. Fixed Assets	99280	99280	36. TOTAL LIABILITIES		
AS	30. Other Assets		; 			
	31. TOTAL ASSETS	131354	136781	37. NET ASSETS (Item 31 less Item 36)	131354	136781
	CASH Item	RECEIPTS	AMOUNT	CASH DISBUR	SEMENTS	AMOUNT
	38. Dues		14847	45. To Officers (from Item 24	·)	4273
NTS	39. Per Capita Tax			46. To Employees (less dedu	12660	
EME	40. Fees, Fines, Assess	nents & Work Permits		47. Per Capita Tax		8076
T B	41. Interest & Dividends		1018	48. Office & Administrative E	xpense	17402
STATEMENT B AND DISBURSEMENTS	42. Sale of Investments	& Fixed Assets	29471	49. Professional Fees		
TATE	43. Other Receipts		31446	50. Benefits		
S	44. TOTAL RECEIPTS .		76782	51. Contributions, Gifts & Gr	ants	813
ECEIPTS				52. Purchase of Investments	& Fixed Assets	28 9 3 8
	If total receip	s reported in Item 44 organization must fi		53. Loans Made		
	instead of thi			54. Other Disbursements		
ł				55. TOTAL DISBURSEMENT	rs	72162

000				
ORGANIZATION NAME: n Q D =	NTFRS	7 7 1	11 20	
CHNE	NEAD	<u> </u>	1620	
ENDING DATE OF PERIOD COVERED:	1 71	2-20	01	
	1. 4.00	ノ゛ィひ	OI	

FILE NUMBER: 013-246

PAGE ____OF ____ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the they received no salary or other disburser	e reporting period ev ments. Use all capit	al letters.)	Gross Salary (before taxes and	Allowances and Other	
(B) Title (Enter title of officer, such as PRESIDENT		Status (C)	other deductions) (D)	Disbursements (E)	Total (F)
P R I M E	First Name WAY	<i>J E</i>	238	526	7.64
Title PRESIDENT		Status C			
MARES	First Name DAN	VΥ			
TITLE PRESIDEN		Status C			
STOVER	First Name DUA/	VE		997	997
Title RECORDING SEC	RETARY	Status 🎶			
WELLS	TIM			935	935
TICO FINANCIAL SEC	RETARY	Status C			
BYRNE	First Name LAVE	RE		80	80
THOTREASURER		Status C			
SAMSEL	First Name JOH/	ν		610	610
Title WA ROEN Last Name		Status _			
DOCKTER	First Name TERA	RY		434	434
Title TRUSTEE		Status _			
PORTILLO	First Name DEN/	IIS		690	690
THO TRUSTEE		Status			
		Totals	238	4,272	4510

ORGANIZATION NAME:	 <u> </u>	<u></u>	<u></u>
ENDING DATE OF PERIOD COVERED:	 		

FILE NUMBER:	0/	3	-2	46
--------------	----	---	----	----

PAGE ___OF ____ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name	(List all persons who held office during the reporting period et they received no salary or other disbursements. Use all capit	ven if al letters.)	Gross Salary (before taxes and	Allowances and Other	
		Status	other deductions)	Disbursements	Total
(B) Title	(Enter title of officer, such as PRESIDENT or TREASURER.)	(C)	(D)	(E)	(F)
Last Name	First Name				
	RWELL LYLL	5			
Title 7	RASTEE	Status C			
Last Name	First Name				
Title		Status			
Last Name	First Name				
Tiťe		Status			
Last Name	First Name				
Titte		Status			
Last Name	First Name				
Title		Status			
Last Name	First Name				
Title		Status			
Last Name	First Name	· · · · · ·			
Title		Status			
Last Name	First Name			<u></u>	
		_			
Title		Status			
		Totals			
			L		<u> </u>